

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # FSP-01

Date: 12/20/06

Program Workplan Name Children's System of Care

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Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$224,101			\$224,101
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits	\$66,939			\$66,939
d. Total Personnel Expenditures	\$291,040	\$0	\$0	\$291,040
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
				\$0
6. Total Proposed Program Budget				
	\$291,040	\$0	\$0	\$291,040
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$291,040	\$0	\$0	\$291,040
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports
Budget Narrative
Children's System of Care Full Service Partnership - Workplan # FSP - 01**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)

Licensed Mental Health Practitioner - .40 FTE (increased 5.9% from prior year)	31,478
Licensed Mental Health Practitioner - Bilingual - 1.45 FTE's (increased 5.9% from prior year)	120,781
Family Partners - 2.0 FTE's (increased 5.9% from prior year)	71,842

Total Existing Personnel	\$224,101
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c. Employee Benefits (estimated at 30% of salaries)	\$66,939
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Total Personnel Expenditures	\$291,040
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EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # FSP-02

Date: 2/2/06

Program Workplan Name Transitional Age Youth

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Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: Teri Arrambide

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-4253

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures		\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
			\$321,000	\$0
6. Total Proposed Program Budget				
	\$0	\$0	\$321,000	\$321,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$26,750	\$26,750
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$294,250	\$294,250
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # FSP-02 Date: 2/2/06
 Program Workplan Name Transitional Age Youth Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Teri Arrambide
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-4253

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Transitional Age Youth Full Service Partnership - Workplan# FSP- 02**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known **\$294,250**

Marin County is currently developing a Request for Proposal for this program. The FY 2005-06 estimate of \$275,000, is based on AB2034 (homeless, mentally ill program) and STAR data, and is calculated at \$15,000 per client for 20 clients, with an offset of \$25,000 in MediCal revenue. The estimate of \$294,250 for FY 2007-08, includes an increase of 5.9%, in both expenditures and revenues, from the previous fiscal year. The budget details will be submitted when the provider is selected

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # FSP-03

Date: 12/20/05

Program Workplan Name Support and Treatment After Release (STAR)

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Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$35,770	\$35,770
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits			\$10,684	\$10,684
d. Total Personnel Expenditures		\$0	\$46,454	\$46,454
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures		\$0	\$183,596	\$183,596
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$0	\$0	\$230,050	\$230,050
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$8,560	\$0	\$0	\$8,560
C. One-Time CSS Funding Expenditures				
D. Total Funding Requirements				
	-\$8,560	\$0	\$230,050	\$221,490
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # FSP-03

Date: 12/20/05

Program Workplan Name Support and Treatment After Release (STAR)

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Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 0

Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 415-499-6819

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime	
A. Current Existing Positions	Employment Specialist		0.50	\$49,434	\$24,717	
	Peer Provider		0.50	\$22,105	\$11,053	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	Total Current Existing Positions	0.00	1.00		\$35,770	
B. New Additional Positions					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	Total New Additional Positions	0.00	0.00		\$0	
C. Total Program Positions		0.00	1.00		\$35,770	

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5 a--Mental Health Services Act Community Services and Supports
Budget Narrative
STAR Full Service Partnership - Workplan# FSP- 03**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)	
Employment Specialist .50 FTE (increased 5.9% from prior year)	24,717
Peer Provider .50 FTE (increased 5.9% from prior year)	11,053
 Total Existing Personnel	 \$35,770
 c. Employee Benefits (estimated at 30% of salaries)	 \$10,684

Total Personnel Expenditures **\$46,454**

Operating Expenditures

Total Operating Expenditures (increased 5.9% from prior year) **\$183,596**

B. Revenues (\$8,560)

D. Total Funding Requirements **\$221,490**

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # FSP-04 Date: 2/2/06
 Program Workplan Name Older Adult Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: Prepared by: Teri Arrambide
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-4253

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures		\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
		\$428,000		\$0
6. Total Proposed Program Budget				
	\$0	\$428,000	\$0	\$428,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$16,692	\$0	\$16,692
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$411,308	\$0	\$411,308
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail
 Yes
 Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # FSP-04 Date: 2/2/06
 Program Workplan Name Older Adult Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Teri Arrambide
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-4253

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult Full Service Partnership - Workplan# FSP- 04**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known **\$411,308**

The older adult partnership will be a collaboration of the Marin County H&HS Divisions of Aging, Social Services and Community Mental Health. In fiscal year 2006-07, the estimated cost of \$404,000 will be offset with Federal MediCal and MediCare funds of approximately \$15,756. There is a projected increase of 5.9%, in both expenditures and revenues, in FY 2007-08.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # SDOE-01

Date: 12/20/05

Program Workplan Name Enterprise Resource Center Expansion

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Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$94,919	\$94,919
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits			\$22,781	\$22,781
d. Total Personnel Expenditures	\$0	\$0	\$117,700	\$117,700
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$101,650	\$101,650
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$0	\$0	\$219,350	\$219,350
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$219,350	\$219,350
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

No

No

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # SDOE-01 Date: 12/20/05
 Program Workplan Name Enterprise Resource Center Expansion Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: David Uribe
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions	Program Director		1.00	\$51,774	\$51,774
	Administrative Manager		1.00	\$43,145	\$43,145
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	2.00	
C. Total Program Positions		0.00	2.00		\$94,919

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5 a--Mental Health Services Act Community Services and Supports
Budget Narrative
Enterprise Resource Center Expansion - Workplan # SDOE - 01**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

Personnel Expenditures

b. New Additional Personnel Expenditures (from Staffing Detail)

Program Director 1.0 FTE (increased 5.9% from previous year)	51,774
Administrative Manager 1.0 FTE (increased 5.9% from previous year)	43,145
	84,919

Total Existing Personnel	\$94,919
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c. Employee Benefits (estimated at 30% of salaries)	\$22,781
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Total Personnel Expenditures	\$117,700
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Operating Expenditures

Total Operating Expenditures (increased 5.9% from previous year)	\$101,650
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D. Total Funding Requirements

\$219,350

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # SDOE-03

Date: 12/20/05

Program Workplan Name Supported Housing Expansion

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Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing			\$64,200	\$64,200
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$64,200	\$64,200
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$0	\$0	\$64,200	\$64,200
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$64,200	\$64,200
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # SDOE-03 Date: 12/20/05
 Program Workplan Name Supported Housing Expansion Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 0 Prepared by: David Uribe
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Supported Housing Expansion - Workplan# FSP- 03**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known **\$64,200**

CMHS will contract with a residential provider for this service. The estimate of \$64,200 is a 5.9% increase in costs from FY 2006-07.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # SDOE-04

Date: 2/2/06

Program Workplan Name Regional Services Site

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Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: Teri Arrambide

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-4253

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures		\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
			\$256,800	\$0
6. Total Proposed Program Budget				
	\$0	\$0	\$256,800	\$256,800
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$256,800	\$256,800
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # SDOE-04 Date: 2/2/06
 Program Workplan Name Regional Services Site Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Teri Arrambide
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-4253

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Regional Services Site - Workplan# SDOE- 04**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known **\$256,800**

Marin County is currently developing a Request for Proposal for this program. The projected cost in fiscal year 2007-08 is an increase of 5.6% from the previous fiscal year. The budget details will be submitted when the provider is selected.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # SDOE-02

Date: 12/20/05

Program Workplan Name Vietnamese Capacity Expansion

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Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$16,478			\$16,478
c. Employee Benefits	\$4,922			\$4,922
d. Total Personnel Expenditures	\$21,400	\$0	\$0	\$21,400
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$21,400	\$0	\$0	\$21,400
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$3,210	\$0	\$0	\$3,210
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$18,190	\$0	\$0	\$18,190
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # SDOE-02 Date: 12/20/05
 Program Workplan Name Vietnamese Capacity Expansion Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: David Uribe
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
	Social Service Worker-Bil		0.25	\$65,912	\$16,478
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.25	
C. Total Program Positions		0.00	0.25		\$16,478

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5 a--Mental Health Services Act Community Services and Supports
Budget Narrative
Vietnamese Capacity Expansion - Workplan# SDOE- 02**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

Personnel Expenditures

b. New Additional Personnel Expenditures (from Staffing Detail)

Social Services Worker - Bilingual .25 FTE (increased 5.9% from prior year)	16,478
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Total New Personnel	\$16,478
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c. Employee Benefits (estimated at 30% of salaries)	\$4,922
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Total Personnel Expenditures	\$21,400
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B. Revenues

(\$3,210)

D. Total Funding Requirements

\$18,190

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Marin

Fiscal Year: 2007-08

Program Workplan # SDOE-05

Date: 12/20/05

Program Workplan Name Program Evaluation

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Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: David Uribe

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services			\$53,500	\$53,500
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$53,500	\$53,500
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$0	\$0	\$53,500	\$53,500
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$53,500	\$53,500
E. Percent of Total Funding Requirements for Full Service Partnerships				

Match Staffing Detail

Yes
Yes

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): Marin Fiscal Year: 2007-08
 Program Workplan # SDOE-05 Date: 12/20/05
 Program Workplan Name Program Evaluation Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: David Uribe
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 415-499-6819

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports
Budget Narrative
Program Evaluation - Workplan# SDOE- 05**

County: Marin

Fiscal Year: 2007-08
Date: 2/6/06

A. Expenditures

Planned cost for 1 year

5. Estimated Total Expenditures when service provider is not known **\$53,500**

CMHS plans to hire outside consultants for this service. There is a 5.9% Increase in cost from the previous fiscal year.